

**Notice:** Information requested on this form is required to apply for a grant under ch. NR 47, Wis. Adm. Code. The Department will be unable to process your application unless you complete and submit this form **postmarked by December 1**. Personal information collected will be used for program administration and may also be made available to requesters under Wisconsin's Open Records law [ss. 19.31 – 19.39, Wis. Stats.]

### Part 1: Local Coordinator Information

County			Local Coordinator Title	
Local Coordinator Name			Daytime Phone	
Street			Email Address	
City	State	Zip Code	Fax	Cell Phone

### Part 2: Municipal Coordinator Information

Municipality			Municipal Coordinator Title	
Municipal Coordinator Name			Daytime Phone	
Street			Email Address	
City	State	Zip Code	Fax	Cell Phone

### Part 3: Treatment Block Information

Number **EACH** treatment block that is part of this application. Provide the following information for **EACH** block. Copy this form for **EACH** additional treatment block.

Municipality Name	Treatment Block Number	Section Number
-------------------	------------------------	----------------

Site Description (e.g., residential with oaks, park with mixed species, etc.)

Provide estimated acreage for each land ownership category listed below.  
 \_\_\_\_\_ Category A. Privately owned lands under 500 acres per owner **will be cost shared up to 50%.**  
 \_\_\_\_\_ Category B. Privately owned lands over 500 acres per owner **will be cost shared up to 33%.**  
 \_\_\_\_\_ Category C. Publicly owned lands **will be cost shared up to 25%.**  
 \_\_\_\_\_ **Estimated total acres in treatment block** (Final acreage will be determined after using GIS)

### Part 4: Marking the Treatment Block Maps

**Provide either two copies of a 7.5-minute quadrangle map for each treatment block or a digitized map in ESRI's shapefile format in Wisconsin Transverse Mercator (WTM) NAD83 projection. Mark the following information on each map:**

- The treatment block boundaries, using thin black marker. Square off blocks and avoid irregular or rounded shapes; rectangular blocks are most effectively treated from the air. Adjacent blocks need to be treated as one.
- All spray hazards and institutions (schools, hospitals, nursing homes, etc.) with triangles in thin black marker.
- The boundaries of land ownership categories. Identify the land ownership category in the northwest corners within the boundary.
  - Category A. Privately owned lands under 500 acres per owner, mark with a thin black marker
  - Category B. Privately owned lands over 500 acres per owner, mark with a thin blue marker
  - Category C. Publicly owned lands, mark with a thin red marker
- The location of 1/40<sup>th</sup>-acre egg mass survey plots with a circle using a thin black marker.
- The results of 1/40<sup>th</sup>-acre egg mass surveys to the right of the survey plot circle.

**For residential areas, provide two copies of a tax assessor's map showing the location of residences in each treatment block. For rural areas, provide two copies of a plat map for each treatment block. Mark the following information on each map:**

- The treatment block boundaries using a thin red marker.
- The location of each 1/40<sup>th</sup>-acre egg mass survey plot with a circle using a thin black marker.
- The results of 1/40<sup>th</sup>-acre egg mass surveys to the right of the survey plot circle.

- Select the appropriate row for the estimated number of acres in the block in Column A.
- Read across the row to find the minimum number of survey plots required in Column B.
- Add the egg mass results together to equal a sum in Column C.
- Divide the sum in Column C by the minimum number of required surveys in Column B to equal an average in Column D.
- Multiply the average in Column D by 40 to get the egg mass per acre in Column E.
- For blocks that contain both residential and rural areas, separate the land ownership categories and conduct the appropriate number of surveys within each acreage.

## Part 6: Eligibility Checklist

**Each** treatment block must meet the following criteria to be eligible for aerial treatment and cost share funding:

## Part 7: Applicant Certification

I certify that, to the best of my knowledge and belief, data provided on this form is true and correct, and in accordance

**Mail completed grant application postmarked by December 1 to your DNR Regional Gypsy Moth Suppression Coordinator listed in the instructions.**